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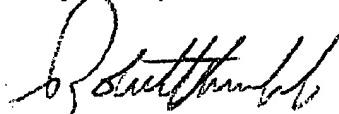
FEB 05 2007

HP Docket No. 200208391-1

**AUTHORIZATION TO PAY AND PETITION
FOR THE ACCEPTANCE OF ANY NECESSARY FEES**

If any charges or fees must be paid in connection with the foregoing communication (including but not limited to the payment of an extension fee or issue fees), or if any overpayment is to be refunded in connection with the above-identified application, any such charges or fees, or any such overpayment, may be respectively paid out of, or into, the Deposit Account No. 08-2025 of Hewlett-Packard Company. If any such payment also requires Petition or Extension Request, please construe this authorization to pay as the necessary Petition or Request which is required to accompany the payment.

Respectfully submitted,



Robert C. Sismilich
Reg. No. 41,314
Attorney for Applicant(s)
Telephone: (941) 536-2432

Date: 2/5/07

Hewlett-Packard Company
Intellectual Property Administration
P. O. Box 272400
Fort Collins, CO 80527-2400

Feb '05 2007 3:05PM

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941-536-2432

P. 1

FEB 05 2007

HEWLETT-PACKARD COMPANY
Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400

Inventor(s): Revel, Daniel
Application No.: 10/629,956
Filing Date: 07/30/2003

PATENT APPLICATION

ATTORNEY DOCKET NO. 200208391-1

Confirmation No.: 8885

Examiner: Dwivedi, Mahesh H.
Group Art Unit: 2168

Title: Compression Dictionaries

Mail Stop Amendment
Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Transmitted herewith is/are the following in the above-identified application:

- Response/Amendment
 New fee as calculated below
 No additional fee
 Other

- Petition to extend time to respond
 Supplemental Declaration

Fee\$

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY

(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	23	MINUS	35	= 0	X \$52	\$ 0
INDEP. CLAIMS	4	MINUS	8	= 0	X \$210	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM						+ \$370
EXTENSION FEE	<input checked="" type="checkbox"/> 1st Month \$120	<input type="checkbox"/> 2nd Month \$460	<input type="checkbox"/> 3rd Month \$1050	<input type="checkbox"/> 4th Month \$1640		\$ 120
						OTHER FEES \$
						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ 120

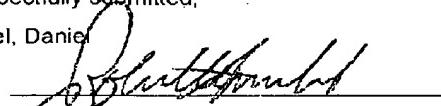
Charge \$ 120 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees.

A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

Revel, Daniel

By



Robert C. Sismilich

Attorney/Agent for Applicant(s)

Reg No. : 41,314

Date : 2/16/07

Telephone : (941) 536-2432

Rev 10/05 (TransAmFax)